

1/24

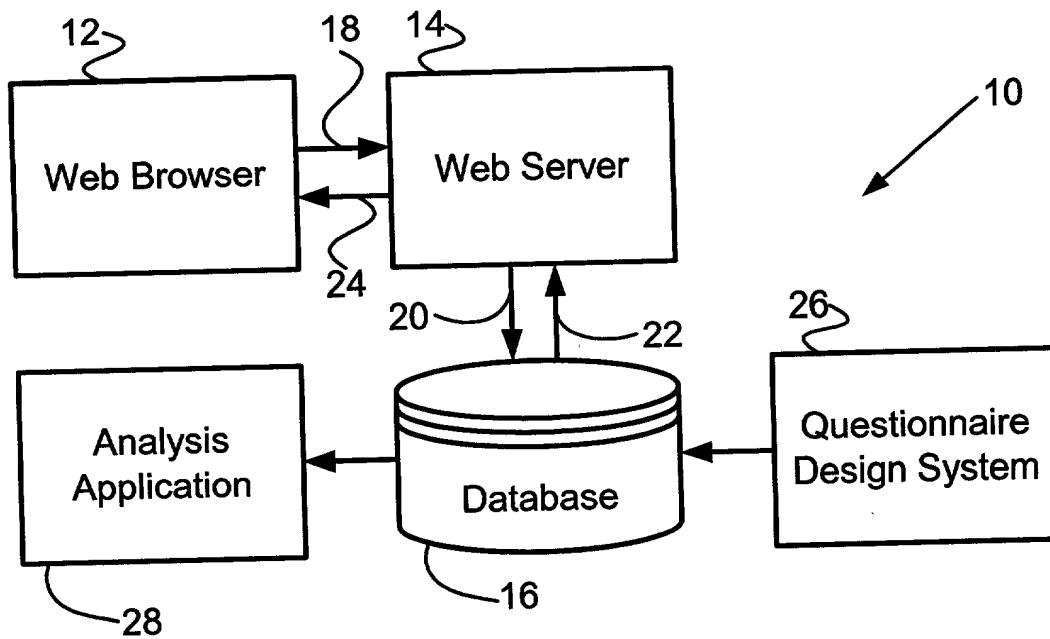


FIG. 1

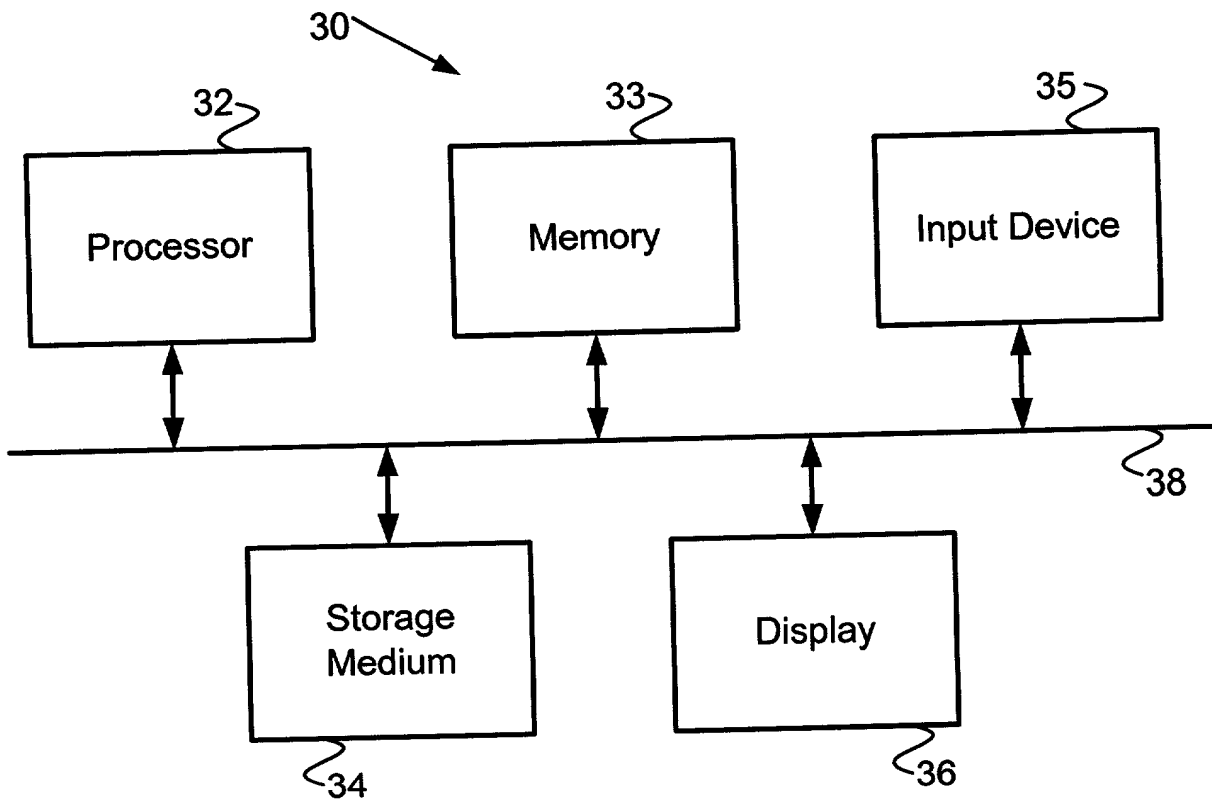


FIG. 2

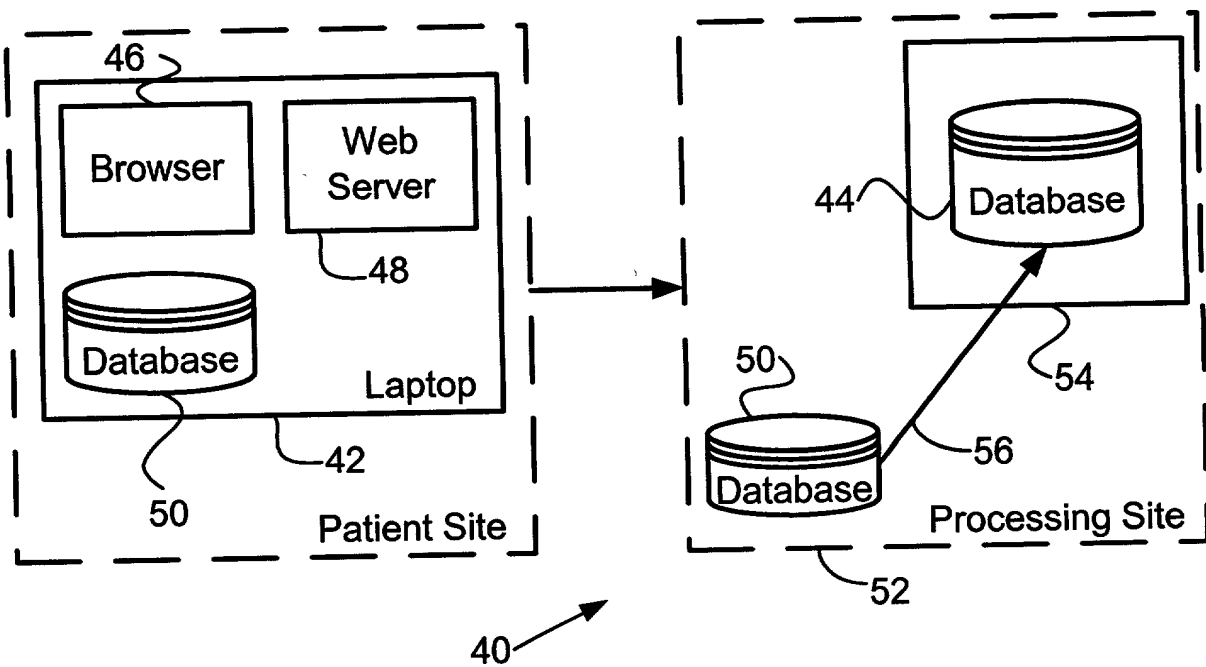


FIG. 3

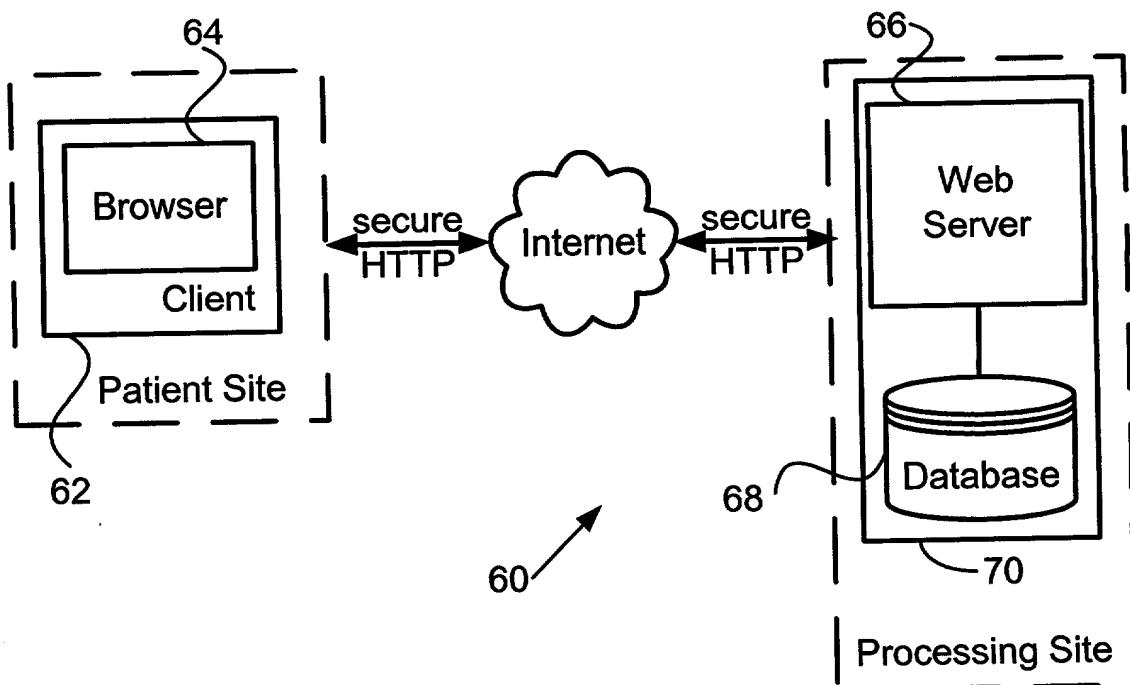


FIG. 4

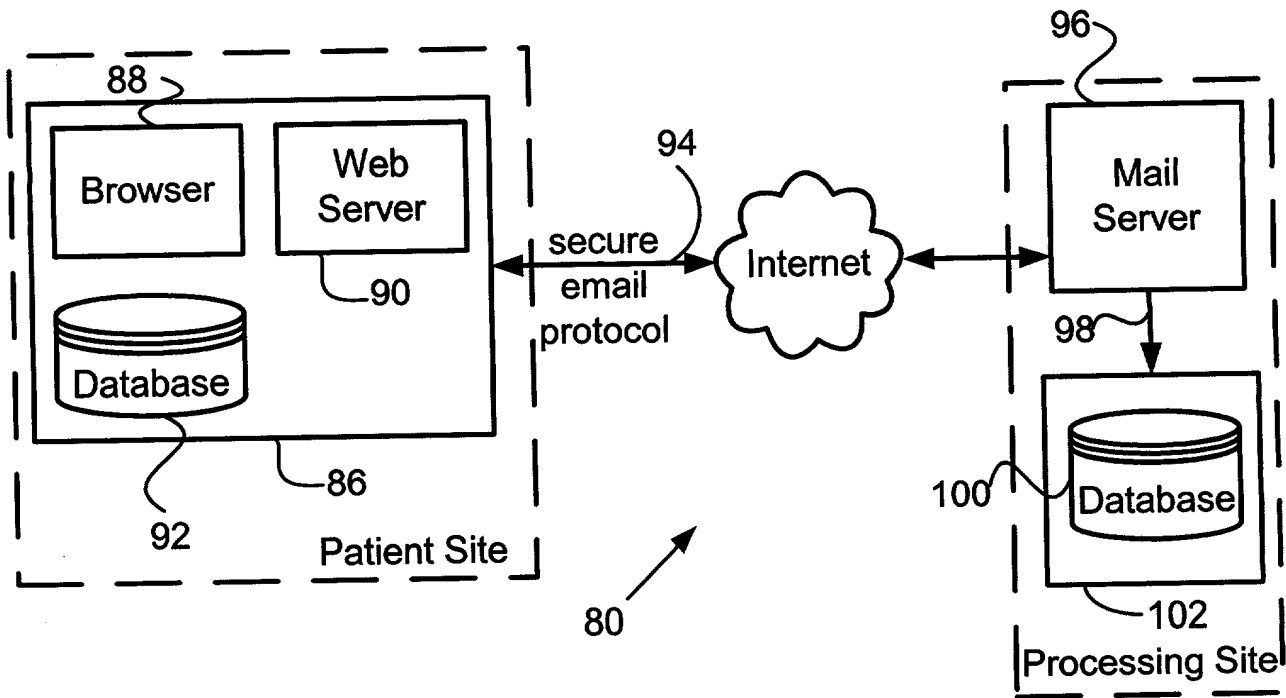


FIG. 5

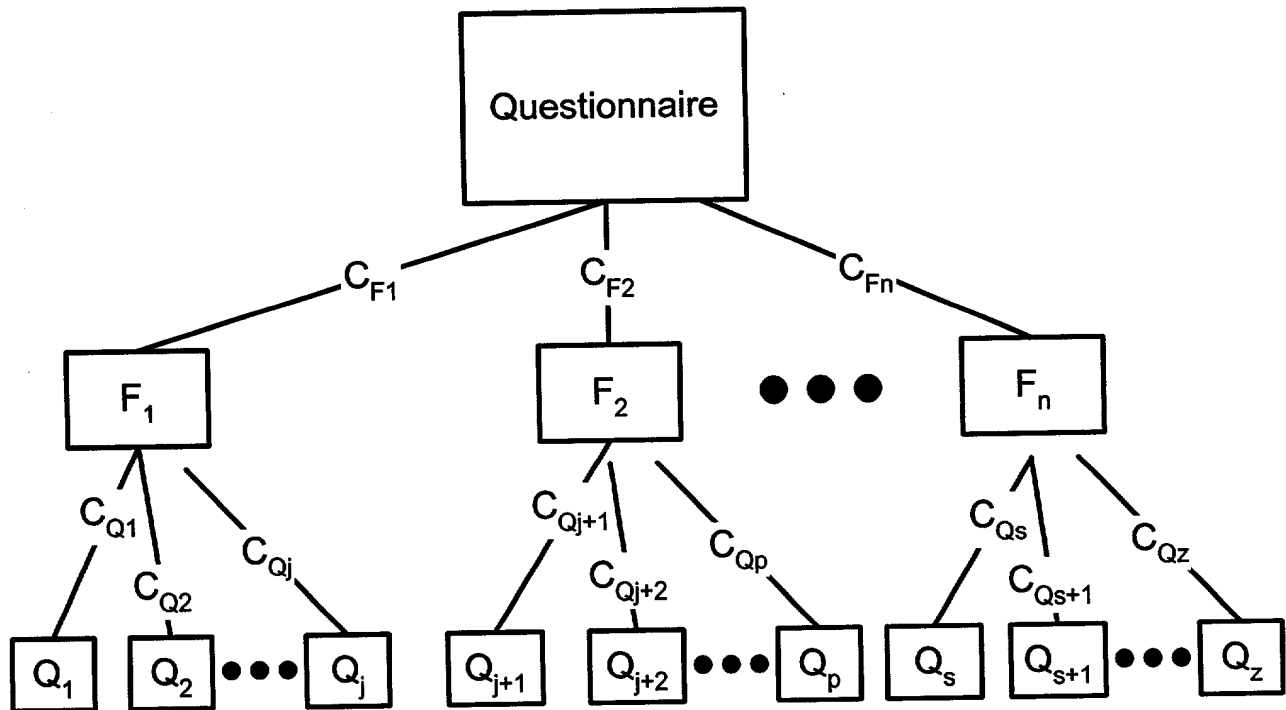


FIG. 6

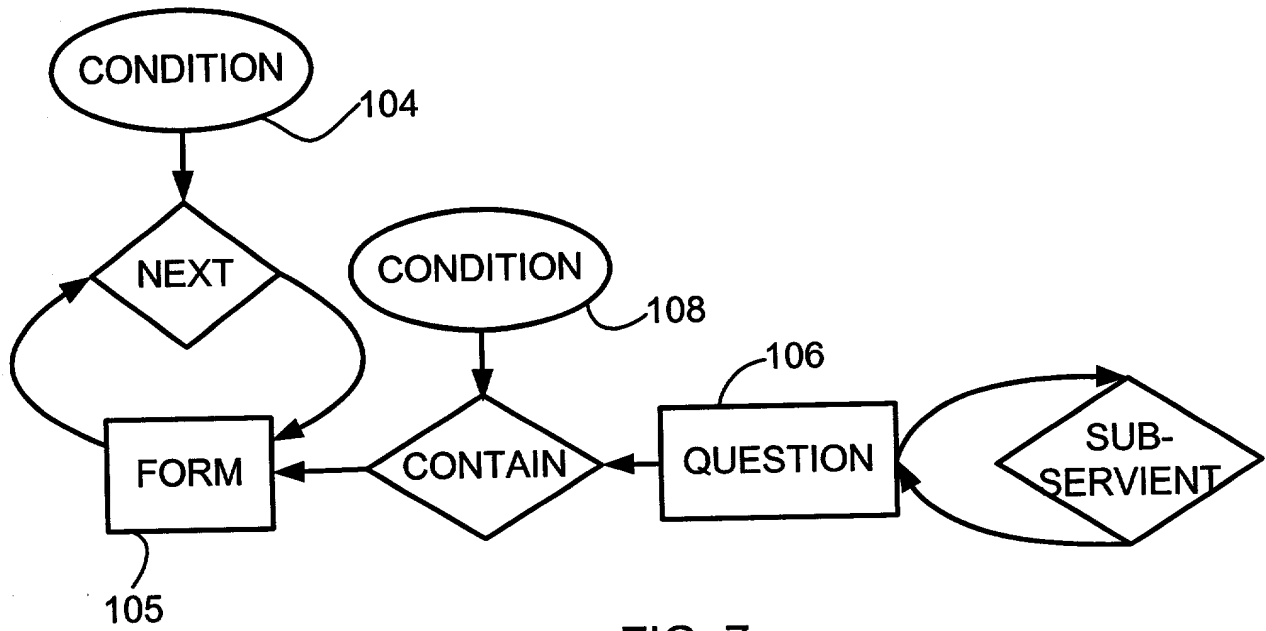


FIG. 7

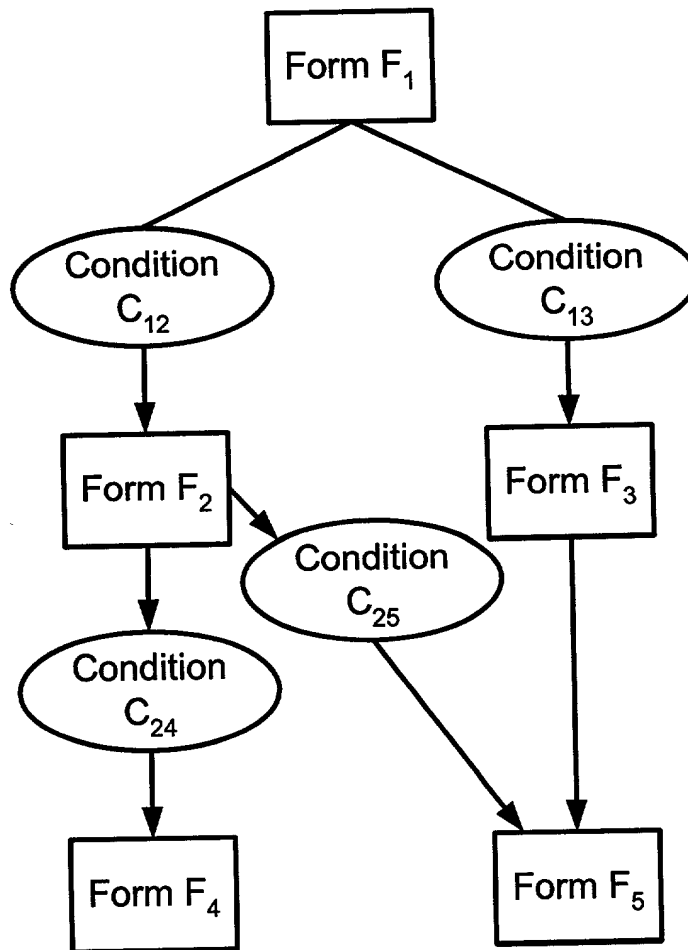


FIG. 8A

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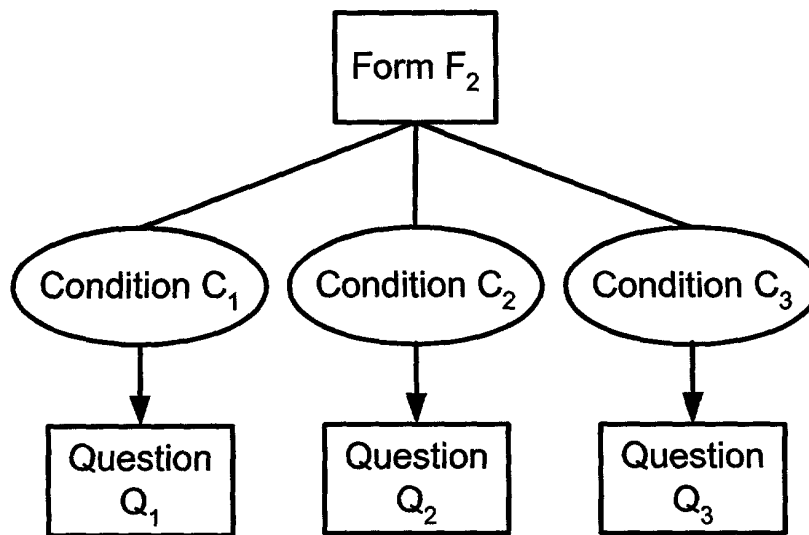
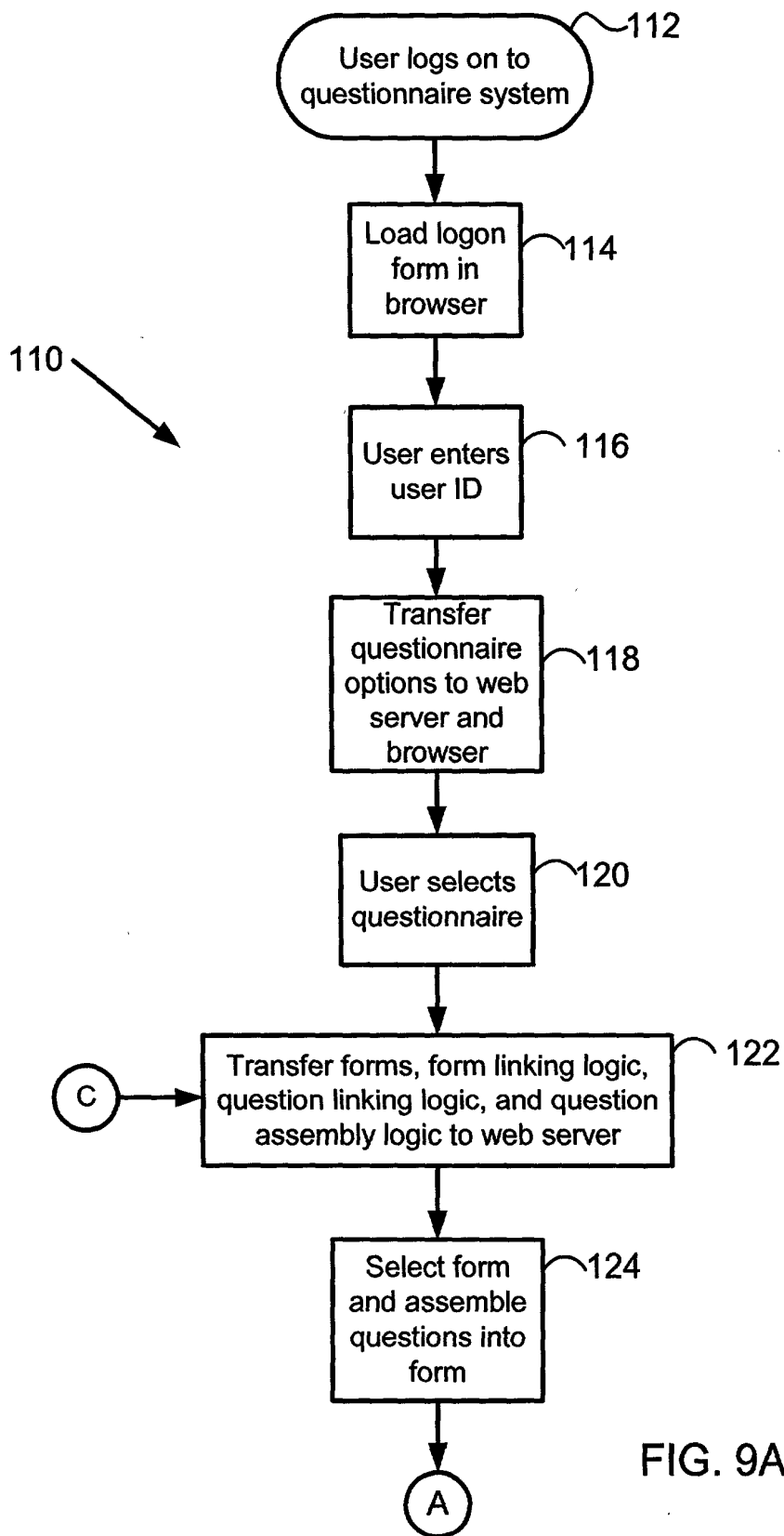


FIG. 8B

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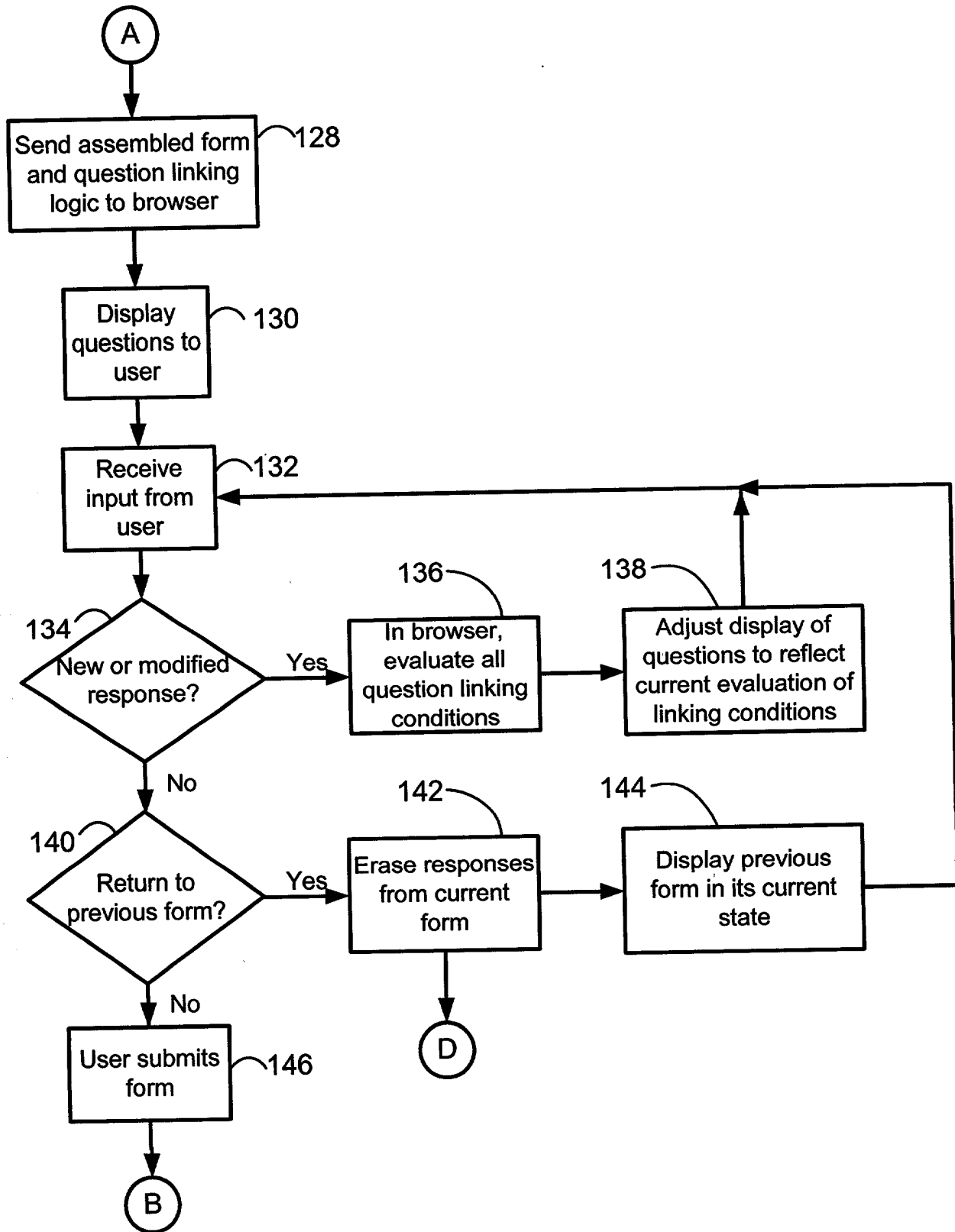


FIG. 9B

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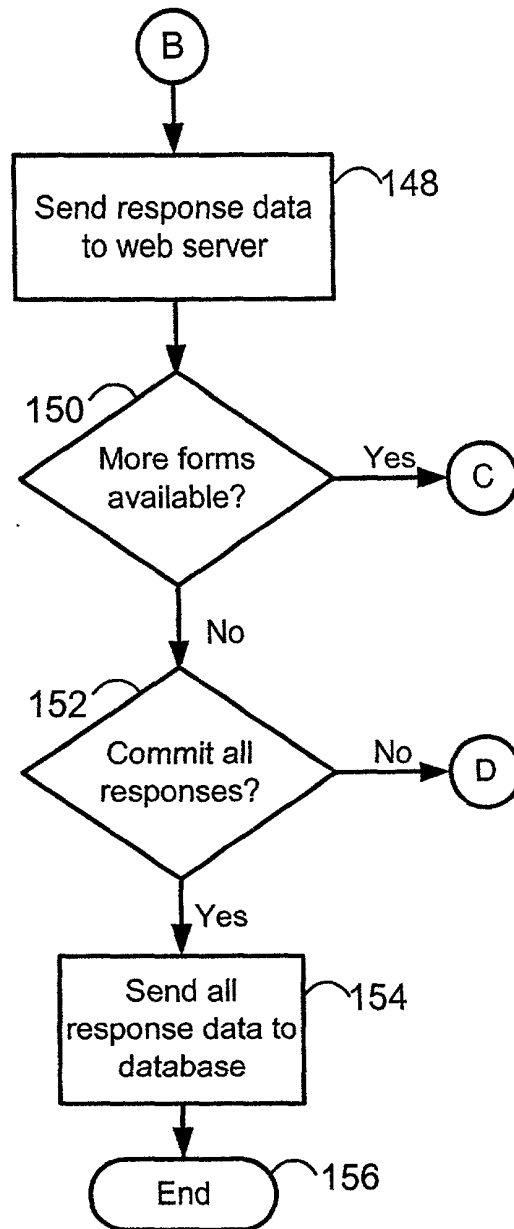


FIG. 9C

Chief Complaint

Are you currently being professionally treated for an illness or symptom?

☐ Yes ☐ No



FIG. 10A

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Chief Complaint

Are you currently being professionally treated for an illness or symptom?

☒ Yes ☐ No

What is the one complaint which bothers you the most?

When did the first symptom appear that led you to a doctor?

How long have you been visiting a doctor to manage this problem?

When was your last visit regarding this problem?

How are you being managed for this problem?

☐ medical device(s) ☐ medical procedure(s) ☐ medication(s) ☐ other

As you understand it, what is your diagnosis?

Do you think that the diagnosis of your illness is correct?

☐ Yes ☐ No ☐ I do not know

Have you asked another doctor for their opinion on your diagnosis or treatment?

☐ Yes ☐ No

CONTINUE ►

FIG. 10B

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Chief Complaint

Are you currently being professionally treated for an illness or symptom?

☒ Yes ☐ No

What is the one complaint which bothers you the most?

When did the first symptom appear that led you to a doctor?

How long have you been visiting a doctor to manage this problem?

When was your last visit regarding this problem?

How are you being managed for this problem?

☐ medical device(s) ☐ medical procedure(s) ☐ medication(s) ☐ other

As you understand it, what is your diagnosis?

Do you think that the diagnosis of your illness is correct?

☐ Yes ☐ No ☐ I do not know

Have you asked another doctor for their opinion on your diagnosis or treatment?

☒ Yes ☐ No

Did it agree with your regular doctor?

☐ Yes ☐ No

CONTINUED

FIG. 10C

11/24

Head and Neck

Do you have headaches?

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

Do you have face pain?

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

Do you have neck pain?

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

Is your neck stiff?

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

CONTINUE

FIG. 11A

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Head and Neck

Do you have headaches?

☒ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

How often have your headaches been a problem for you in the last month?

☐ All Days ☐ Most Days ☐ Some Days ☐ Few Days ☐ No Days

How severe is your headache?

☐ Extremely severe ☐ Moderately severe ☐ Mildly severe ☐ Minimally severe

How would you describe your headaches over the last month?

☐ This is a new problem ☐ It is getting worse ☐ No change ☐ It is getting better

160 Have you been seen by a health care professional or taken medication for headaches in the past 6 months?

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

Has a headache been a problem for someone in your family in the past?

☐ Yes ☐ No

Do you have face pain?

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

Do you have neck pain?

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

Is your neck stiff?

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

CONTINUE

FIG. 11B

13/24

Head and Neck

Do you have headaches?

☒ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

How often have your headaches been a problem for you in the last month?

☐ All Days ☒ Most Days ☐ Some Days ☐ Few Days ☐ No Days

How severe is your headache?

☒ Extremely severe ☐ Moderately severe ☐ Mildly severe ☐ Minimally severe

How would you describe your headaches over the last month?

☒ This is a new problem ☐ It is getting worse ☐ No change ☐ It is getting better

Have you been seen by a health care professional or taken medication for headaches in the past 6 months?

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

How long does your headache last?

☐ 5 to 10 minutes ☐ 11 to 60 minutes ☐ 1 to 2 hours ☐ more than 2 hours

How old were you when these first started?

☐ less than 10 years ☐ 10 to 24 years ☐ 25 to 40 years ☐ more than 41 years

Do you typically have symptoms before you get a headache?

☐ Yes ☐ No

Does the headache generally occur on one side?

☐ Yes ☐ No

Does the headache get worse with a change in body position?

☐ Yes ☐ No

Does the headache feel like your head is in a vice?

☐ Yes ☐ No

Do you generally get 1 to 3 headaches each day?

☐ Yes ☐ No

Has a headache been a problem for someone in your family in the past?

☐ Yes ☐ No

FIG. 11C

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Head and Neck

Do you have headaches?

☒ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

How often have your headaches been a problem for you in the last month?

☐ All Days ☒ Most Days ☐ Some Days ☐ Few Days ☐ No Days

How severe is your headache?

☒ Extremely severe ☐ Moderately severe ☐ Mildly severe ☐ Minimally severe

How would you describe your headaches over the last month?

☒ This is a new problem ☐ It is getting worse ☐ No change ☐ It is getting better

Have you been seen by a health care professional or taken medication for headaches in the past 6 months?

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

How long does your headache last?

☐ 5 to 10 minutes ☐ 11 to 60 minutes ☐ 1 to 2 hours ☒ more than 2 hours

How old were you when these first started?

☐ less than 10 years ☐ 10 to 24 years ☐ 25 to 40 years ☒ more than 41 years

Do you typically have symptoms before you get a headache?

☒ Yes ☐ No

Do you have any visual changes which occur before you get a headaches?

☒ Yes ☐ No

Before you have a headache, do your eyes hurt when you look at the light?

☒ Yes ☐ No

Before you have a headache, do you also vomit?

☒ Yes ☐ No

Before you have a headache, do you also feel nauseated?

☒ Yes ☐ No

FIG. 11D

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170a → Does the headache generally occur on one side?

☒ Yes ☐ No

180b { Do you feel nauseated while you are having a headache?

☒ Yes ☐ No

Does your scalp feel tender while you are having a headache?

☒ Yes ☐ No

182a { Is the scalp tenderness localized to your temples?

☒ right temple ☐ left temple ☐ no

Is the headache worse at night?

☒ Yes ☐ No

Is the headache triggered by exposure to a cold environment?

☒ Yes ☐ No

Do you also get pain in your jaw when you're having a headache?

☒ Yes ☐ No

Does the headache get worse with a change in body position?

☒ Yes ☐ No

180c → Is the headache worse when you wake up in the morning?

☒ Yes ☐ No

182b { Does the headache typically disturb your sleep?

☒ Yes ☐ No

Did you have episodes of vomiting 4 to 6 weeks before you developed these headaches?

☒ Yes ☐ No

Have you noticed an increase in your "blind spot"?

180d → ☒ Yes ☐ No

Does the headache feel like your head is in a vice?

☒ Yes ☐ No

180d { Is the headache triggered by stress?

☒ Yes ☐ No

Is the headache triggered by alcohol?

☒ Yes ☐ No

Is the headache triggered by fatigue?

☒ Yes ☐ No

FIG. 11E

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Do you generally get 1 to 3 headaches each day?

☒ Yes ☐ No

- 180e {
- Do you also have pain around your eyes?
☒ Yes ☐ No
 - Do you also get a stuffy nose while you are having a headache?
☒ Yes ☐ No
 - Do the headaches begin suddenly?
☒ Yes ☐ No
- 182c {
- Do you also experience a stiff neck?
☒ Yes ☐ No
 - Do you also have fever?
☒ Yes ☐ No

Has a headache been a problem for someone in your family in the past?

☒ Yes ☐ No

Please identify who in your family has had a problem with headache or a similar diagnosis:

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4
☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal
grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal
grandfather

Do you have face pain?

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

Do you have neck pain?

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

Is your neck stiff?

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

CONTINUE

FIG. 11F

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Head and Neck

Do you have headaches?

☐ Yes, in the past 6 months ☒ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

Have you been seen by a health care professional or taken medication for headaches in the past, but not in the last 6 months?

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

Has a headache been a problem for someone in your family in the past?

☐ Yes ☐ No

Do you have face pain?

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

Do you have neck pain?

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

Is your neck stiff?

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

CONTINUE

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Head and Neck

Do you have headaches?

☐ Yes, in the past 6 months ☒ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

Have you been seen by a health care professional or taken medication for headaches in the past, but not in the last 6 months?

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

Has a headache been a problem for someone in your family in the past?

☒ Yes ☐ No

Please identify who in your family has had a problem with headache or a similar diagnosis:

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4
☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

Do you have face pain?

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

Do you have neck pain?

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

Is your neck stiff?

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

CONTINUE

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Family History

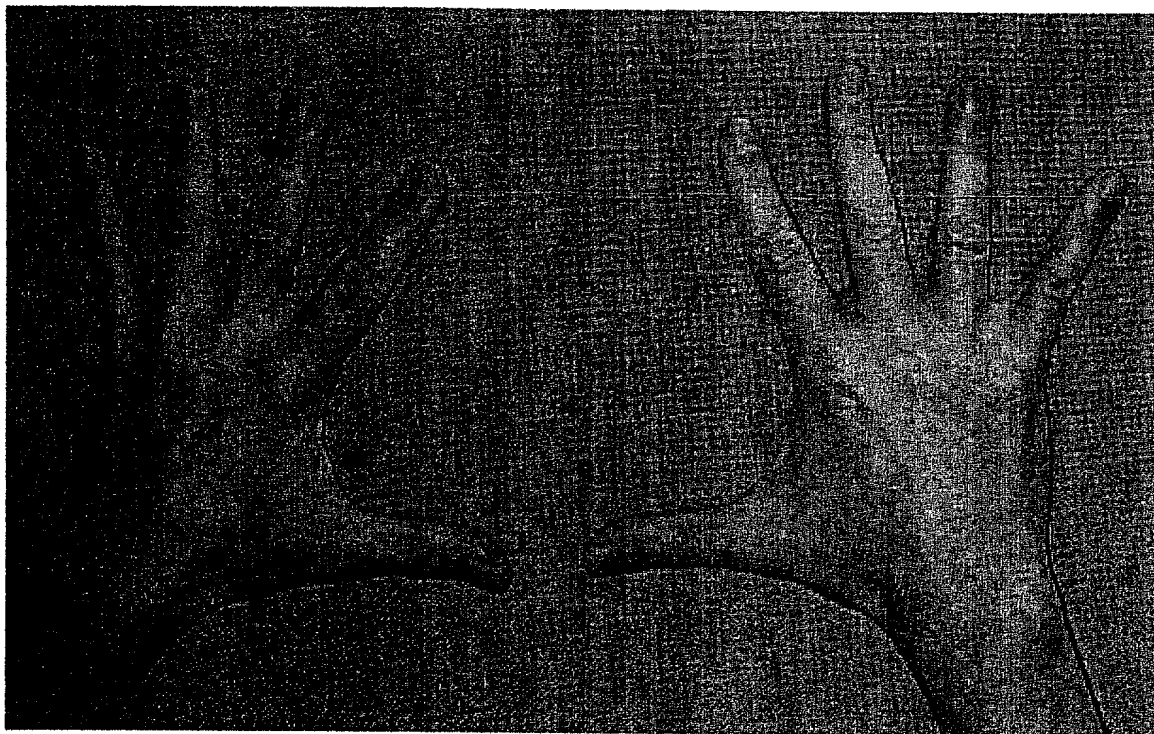
Symptom	Family member you said has had a problem with the symptom	Was this family member ever given a diagnosis by a physician?	If Yes, what was the diagnosis?	At what age was this family member affected by the symptom?	Is this family member still living?
abdominal pain	mother	Yes <input checked="" type="checkbox"/>		31 to 50 years <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>
chest discomfort	maternal grandmother	Yes <input checked="" type="checkbox"/>		51 to 70 years <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>
dizziness	maternal grandfather	<input type="checkbox"/>		51 to 70 years <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
increased coloration on skin	father	No <input checked="" type="checkbox"/>		31 to 50 years <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>
pain in muscles	brother #2	Yes <input checked="" type="checkbox"/>		16 to 30 years <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>

CONTINUE

FIG. 12

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Please select a joint by clicking on the picture



Joint

Pain Swelling

	Subject Left		Subject Right	
	Pain	Swelling	Pain	Swelling
Wrist			Absent	Absent
MCP I	Present	Absent		
MCP II				
MCP III				
MCP IV	Present	Present		
MCP V	Present	Present		

FIG. 13

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Questions answered for patient:
ID1200765

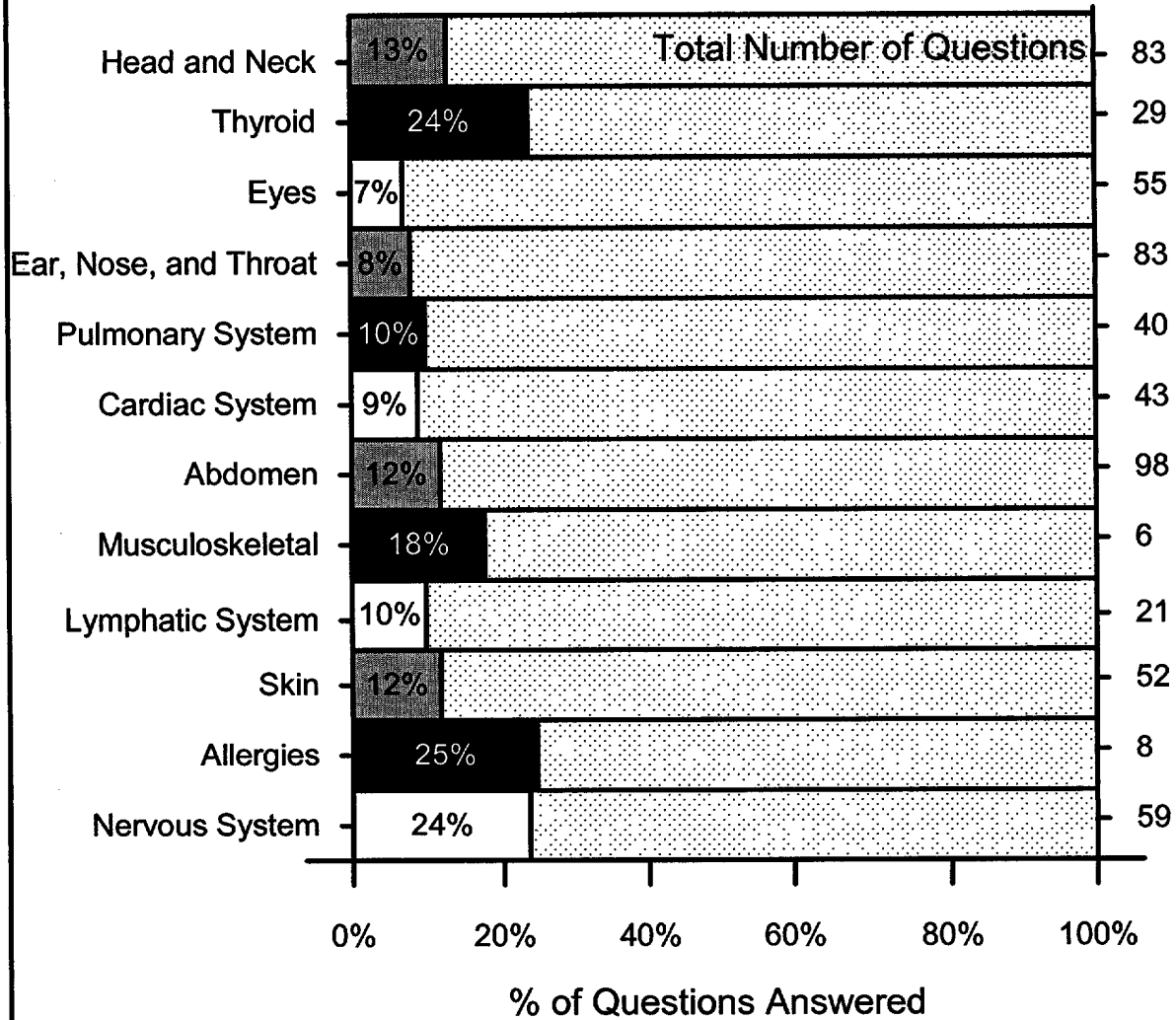


FIG. 14

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**Analysis for patient:
ID1200765**

FORM	TOTAL	
Abdomen	Primary question answered "Yes, in the past 6 months"	25% (1/4)
	<u>Percentage of all tertiary</u>	41%
	<u>Past Medical History</u>	
	<u>Past Family History</u>	
Cardiac System	Primary question answered "Yes, in the past 6 months"	0% (0/3)
	<u>Percentage of all tertiary</u>	0%
	<u>Past Medical History</u>	
	<u>Past Family History</u>	
Ear, Nose, and Throat	Primary question answered "Yes, in the past 6 months"	72% (5/7)
	<u>Percentage of all tertiary</u>	60%
	<u>Past Medical History</u>	
	<u>Past Family History</u>	
Emotional Well Being	Primary question answered "Yes, in the past 6 months"	50% (2/4)
	<u>Percentage of all tertiary</u>	0%
	<u>Past Medical History</u>	
	<u>Past Family History</u>	
Eyes	Primary question answered "Yes, in the past 6 months"	0% (1/40)
	<u>Percentage of all tertiary</u>	0%
	<u>Past Medical History</u>	
	<u>Past Family History</u>	
Head and Neck	Primary question answered "Yes, in the past 6 months"	25% (1/4)
	<u>Percentage of all tertiary</u>	14%
	<u>Past Medical History</u>	
	<u>Past Family History</u>	

FIG. 15

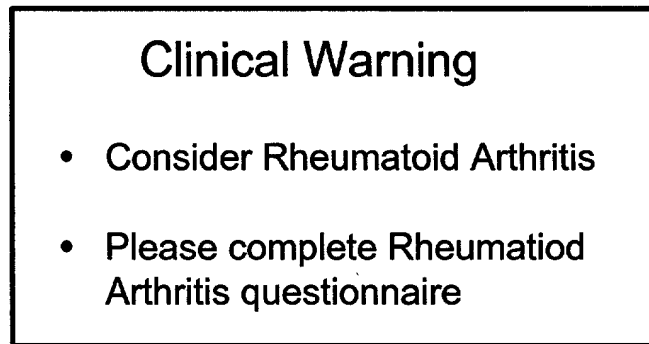


FIG. 16

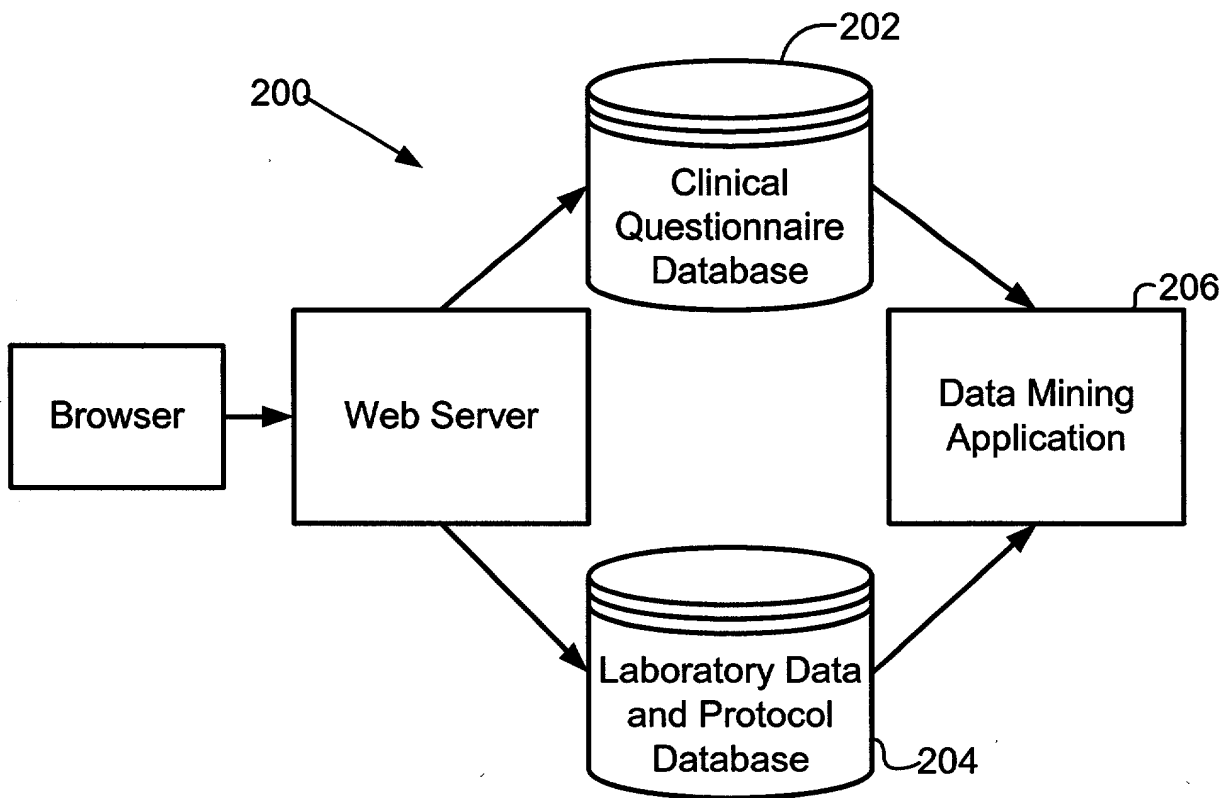


FIG. 17

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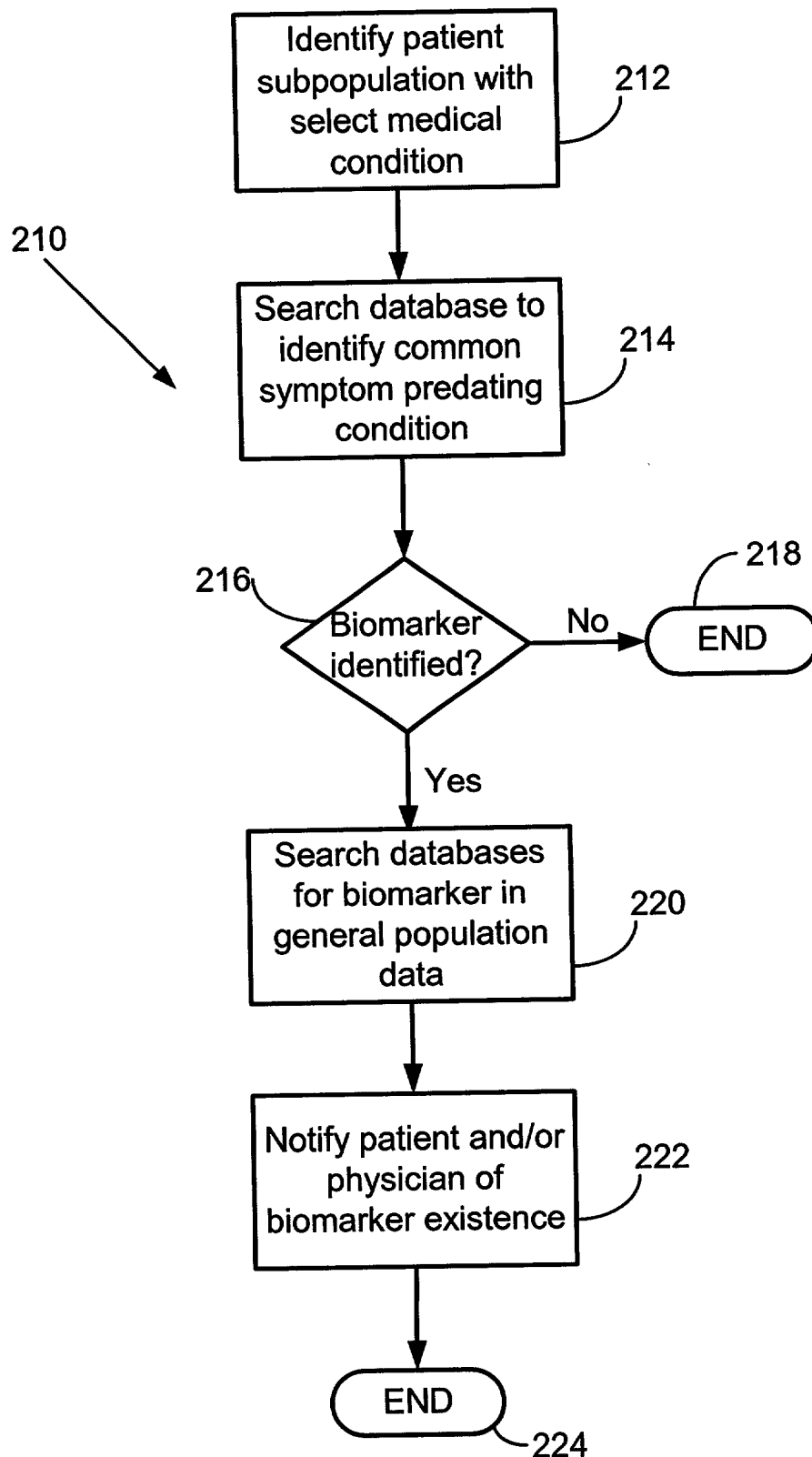


FIG. 18